

**MAY 1976**

**SIXTEENTH YEAR — No. 182**

# **international review of the red cross**



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## **DIPLOMATIC CONFERENCE**

### **ON THE REAFFIRMATION AND DEVELOPMENT OF INTERNATIONAL HUMANITARIAN LAW APPLICABLE IN ARMED CONFLICTS**

The Diplomatic Conference on the Reaffirmation and Development of International Humanitarian Law applicable in Armed Conflicts was resumed at Geneva on 21 April 1976 under the chairmanship of Mr. Pierre Graber, Federal Councillor, Head of the Federal Political Department.

This, the third session, continues the work of the first and second sessions, which were held, also at Geneva, from 20 February to 29 March 1974 and from 3 February to 18 April 1975.

On opening the thirty-first plenary meeting, the President welcomed the representatives of the States taking part in the Conference. After recalling that half the articles of the Draft Additional Protocols to the Geneva Conventions of 1949 had already been adopted in Committee, Mr. Graber said that difficult problems remained to be solved, he appealed for a spirit of co-operation like that which had been displayed at the second session.

The President then informed the Conference that it was the unanimous wish of himself and his fellow-officers that the third session should see the Additional Protocols established; and he submitted to the Conference the programme of work adopted with that end in view. In particular, the main Committee should quickly resume their work at the point where they had left it last year. The Conference endorsed the officers' decisions.

Referring to the growing interest and the great hope that the Conference had aroused in many quarters, the President said: "We must do all we can to ensure that people are not disappointed in that hope. Indeed, in such a difficult field as the codification of international law, we must

show that the community of nations is fully conscious, in establishing the necessary texts, of its responsibility towards the victims of the conflicts which it cannot yet completely prevent.”

The three main Committees resumed their work on Thursday, 22 April 1976, at the point where they had left off at the end of the second session.

*Committee I*, is dealing with provisions of general character and the application of international humanitarian law; *Committee II*: with the protection of wounded, sick and shipwrecked persons; *Committee III*: with the protection of the civilian population against the effects of hostilities; the *ad hoc Committee IV*, with weapons liable to cause unnecessary suffering or have indiscriminate effects.

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In a subsequent issue we shall summarize the work of the Conference, and give our readers the results obtained in this second session which will last until 11 June 1976.

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## In War and in Peace the Red Cross is Present

The presence of the Red Cross is felt under the most varied circumstances—where its help is needed, where human beings are suffering and need assistance. The disparity between the dimensions of the humanitarian tasks which must be carried out in today's world and the modest means available for these tasks should not discourage us—for in wartime and peacetime, under the banners of the Red Cross, Red Crescent and Red Lion and Sun, the members of National Societies, along with various international organizations, are taking action in an ever-increasing variety of fields. Originally present only on the battlefields, they are now to be found doing many new things—protecting the environment, helping aged people, etc.

Fridtjof Nansen spoke in the manner of Henry Dunant when he confronted timid people who tried to bring him back to a "sense of reality". He told them, "Yes, it's impossible, and so we'll do it !" Humanitarian work, more than any other work, is inspired by, and can only go on through, the exercise of imagination. A random look through past issues of the *International Review* reveals a host of examples:

In Australia, Red Cross volunteers bring flowers to hospital wards and arrange for symphony concerts in a number of psychiatric hospitals; volunteers in Great Britain provide advice to patients, bring them books and decorate their rooms with reproductions of paintings, which are changed from time to time. In both cases, the Red Cross workers resort to beauty as a source of consolation and encouragement.

A number of National Societies have undertaken to bring the joy of reading to blind people. In the United States, for example, Junior Red Cross volunteers provide for the publication of various periodicals

in Braille. The Brazilian Red Cross set up courses in assistance to the blind for nurses, "samaritans" and voluntary social workers, who learn to transcribe reading matter into Braille.

Voluntary workers of many National Societies bring comfort and help to aged people, in Finland, New Zealand, Australia and the Netherlands, to mention only a few of them. The Netherlands Red Cross conceived the idea of cruises at sea for invalids and the chronically sick. It is easy to imagine the pleasure provided to these unhappy people, sitting in comfort on the deck of the hospital ship "Jean-Henry Dunant" and watching the coastline of their country pass before their eyes.

Another field in which the Red Cross plays an important role is in rescue work in the mountains and at sea. In a large number of countries, nautical and mountain sports have increased rapidly, resulting in many accidents. This opened up a large new field for Red Cross action. As early as 1932, the *Review* published an article on "The Red Cross in the service of winter sports," reporting on the mountain rescue service of the Bavarian branch of the German Red Cross.

In this new sector, the Bulgarian Red Cross is one of the most effective of all, with particular regard to the rescue of swimmers. During the entire season, and in some places throughout the year, it operates more than 1,200 rescue and first aid stations, manned by more than 10,000 lifeguards whom it has trained.

By 1914, the American Red Cross had already set up an organization of lifeguards, starting a programme which has since increased enormously. This Society was able to arouse great interest among the public for this activity and for the first-aid work which constitutes a large part of its programme. The people trained for these purposes carry out a simple and fundamental task: they save lives, anywhere and at any time.

In the modern world, with States taking an increasing part in social work, one might fear that there would be fewer occasions for voluntary services to intervene. It is reassuring to note however that these services are holding their own and even enlarging their functions. In the United States, people are well aware of the invaluable assistance given, through the intermediary of the Red Cross, by the "grey ladies" in hospitals, sanitariums, clinics, rest homes and convalescent homes. Trained volunteers, including men, take on many such jobs, especially for people who are victims of prolonged sicknesses.



Under the aegis of the Red Cross, the Red Crescent and Red Lion and Sun, the activities of volunteers are also developing in other fields and in other countries. Women's committees in numerous National Societies carry out highly effective work in the event of disasters, for example. Members of these committees prepare parcels, distribute relief and provide shelter, help and counsel to injured persons and refugees.

First aid is an especially widespread and important activity. In Africa in particular it is one of the main tasks of members of various National Societies. In their visits to different countries, delegates of both the ICRC and the League have witnessed many demonstrations of first aid and have seen the great capacities of both young and adult volunteers for helping their people.

In 1960, the *Review* published an article on first aid in China, describing how the Chinese Red Cross in Peking had trained hundreds of thousands of persons in this field. At that time they had already set up an extensive network of medical and hygienic services in hospitals, clinics and other establishments in the capital, providing vital auxiliary assistance to the governmental medical services. They had also set up youth camps, giving advanced training to first-aid workers.

Assistance to children has also been a Red Cross task to which Societies have devoted great efforts. This may involve relief or milk distribution in the schools, as in Central America, but it may also extend to training in humanitarian principles. As shown in an article published by the *Review* in 1961, the Japanese Junior Red Cross was already active in the dissemination of the Geneva Conventions, encouraging teachers as well as students to familiarize themselves with these humanitarian texts, combatting prejudice against them, popularizing them in publications and organizing courses on these subjects for Junior Red Cross and student group leaders.

\* \* \*

These examples, providing only a partial picture, make no reference to the magnificent wartime work of the Red Cross, which will be described in another article in this issue. To realize the extent of this work, it suffices to thumb through the issues of the *Review* for the years 1940 to 1946. Month after month we find reports on the assistance given by the National Societies, alongside the ICRC, to victims of World War II in belligerent and occupied countries.

These reminiscences are not intended to encourage any spirit of complacency among leaders and members of the Red Cross. In today's world, the Red Cross has indeed assumed a place which must be further enlarged, especially in the countries of the Third World. It is now faced with more numerous and more difficult problems than ever before, and that is why the re-appraisal of its role is so timely. As the author of the final report on that study, Donald T. Tansley, said:

"The overall conclusion of the Final Report is that the major challenges to Red Cross, today and in the future, are not from its external environment but from within. The fundamental question for Red Cross, as it considers this agenda, and continues its Re-appraisal, is very simply whether it has the will and the imagination to overcome its internal problems and thus to close the gap between its vast potential and its present actions."

Such observations correspond to those of the Norwegian Red Cross, published in the *Review* in November 1972. Mr. Torstein Dale spoke there of the need for voluntary organizations to perform a pioneering function and to continue without letup to turn their efforts toward new areas where anguish and misery prevail. He also insisted upon one need which we regard as fundamental—to keep alive throughout the whole Red Cross movement, nationally and internationally, the everlasting and forever-inspiring spirit of service. He spoke of the need to return to the sources of the Red Cross spirit and to reaffirm, in the face of a hostile world, that when human beings are suffering there must be no prejudice or discrimination in relieving them. He warned:

"A growing 'dehumanization' is taking hold of our society. It represents a major challenge for voluntary organizations. They must not only serve as effective channels for public help; they must also actively encourage the development of a feeling of solidarity among people, a feeling of responsibility towards one's fellowmen.

"But solidarity must exist as a reality and not just as fine words. We must begin with ourselves and with our own organization. We must in fact return to one of the basic ideas of the Red Cross movement and build our work on this ideological concept. If we can recapture the spirit of those pioneering days I think we can make a major contribution to society."

(J.G.L.)

\*

*We have recently received two articles. One of these refers primarily to wartime activities and was sent to us by the Alliance of Red Cross and Red Crescent Societies of the USSR. The second deals with activities on behalf of handicapped persons and came from the Swiss Red Cross, describing the centres for ergotherapy which it has established. We publish the two articles together, thus offering our readers two examples which illustrate the scope and universal presence of Red Cross activities. As we can see, the Red Cross is always there, in war and in peace.*

\* \* \*

## **FIDELITY TO HEROIC TRADITIONS**

The history of Leningrad is rich in events which demonstrate the courage and devotion of several generations of its inhabitants. These qualities are found again, in tracing the records of the Red Cross of that city, a Red Cross with a history of 120 years.

As long ago as the 1850's, while the Crimean War was raging, a voluntary society known as the "Society of the Cross" was already in existence, as a non-profit organization of nuns who cared for sick and wounded Russian soldiers. Founded in what was then St. Petersburg, on the initiative of the great Russian surgeon N. I. Pirogov, the society was well known in Russia and abroad. It was the first women's voluntary organization created to provide free care for the wounded. The two founders of this nursing society, Catherine Hitrovo and Catherine Bakunin, assumed a lasting place in history and deserve universal recognition.

A further step forward in Red Cross work took place in 1867 with the founding in St. Petersburg of the "Society for the Care of Wounded and Sick Soldiers" which enjoyed the support of progressive public opinion from its inception.

After the victory of the Socialist Revolution of October 1917, organized care to improve the health of the people was backed not only by the whole of society, but also by the State, the Communist Party and V. I. Lenin. The activities of the Soviet Red Cross had far-reaching consequences.

Under the difficult conditions of the civil war and during the postwar period of famine and destruction, attended by epidemics and a high mortality rate, the Red Cross movement in the city on the Neva grew stronger and ever-more effective. During the years of World War II, the Leningrad Red Cross gained everlasting glory. In the battle against the enemy which besieged the city for 900 days, members of the Red Cross displayed boundless courage, determination and an unlimited spirit of self-sacrifice. From the earliest days of the war, 1,800 medical teams presented themselves at assembly points throughout the city. Later, as many as 3,000 such teams were at work in Leningrad, in areas particularly exposed to the fire of the enemy.

These teams patrolled the streets, providing immediate aid to people wounded by bombing or artillery fire, setting up and equipping temporary hospitals with whatever means at their disposal. They transported the wounded, people with frozen hands or feet, people weakened by hunger and sickness, and gave them the care they needed.

Scores of children, whose parents were missing or dead, were saved from death by Vera Chtchekina, a member of the Red Cross. Many of them later took her family name as their own.

Feelings of solidarity among the people, and of devotion one to another, became universal. Without thought for the difficult conditions, for the ring of steel which surrounded the city, the people of Leningrad, including the members of the Red Cross, came forward without being asked to the centres for blood transfusion, to give their blood to save the lives of soldiers wounded in defending their country.

The Institute for Blood Transfusion was damaged by incendiary bombs and artillery shells. Water mains and electric cables were cut; medical equipment and bandages were lacking. Nevertheless, the Institute went on with its work. The heroic members of the organization set up operations in the basement of the building and continued, every day, to supply blood. Many blood donors, as well as some Institute workers, were killed by enemy artillery right at the entrance to the building. There was nothing however which could destroy the courage of the people of Leningrad.

During the bitterest winter cold, and in the face of constant enemy attacks, the school children of Leningrad courageously fought the fires set off by incendiary bombs, putting them out or preventing them from spreading. On sleds, for distances of miles and miles, they carried water

for the aged and sick and helped provide care in the hospitals. For these deeds, 5,000 schoolchildren were decorated with the medal "For the Defense of Leningrad".

In ambulances and hospitals, thousands of young girls, nursing students of the Red Cross Society, were at work with their medical kits, along with thousands of medical teachers and men and women ambulance workers. For the magnificent heroism they displayed during the war, more than 250 members of the Leningrad Red Cross were decorated with the Medal of the USSR.

To maintain that noble tradition, the work of assistance goes on today, in peacetime. Assuming its principal responsibility—to protect the health and provide hygienic guidance—to the people of Leningrad—the Leningrad Red Cross gives particular attention to the training of cadres. Thus, more than 75,000 residents of the city have learned to care for the sick and to give first aid in case of accidents. Every year, tens of thousands of members of medical teams and health stations are trained either at work or in various organizations and educational institutes.

In the field of hygiene, most of the city's administrative buildings are checked regularly by inspectors. Every year, as many as 15,000 active members who have received special courses in home nursing provide care for old people, invalids and others. "Houses of Health", opened up on the initiative of the Red Cross in conjunction with polyclinics, are playing an ever-increasing role in the effort to improve health services.

State registered nurses, whose Institute is closely associated with the Committee of the Red Cross Society, do not concern themselves only with medical assistance and care for the sick, but also with helping to solve people's day-to-day problems.

In 1957, the Leningrad Red Cross Society undertook the promotion of a solidarity fund, a patriotic example which was followed throughout the country. From year to year, the number of donors continued to increase. In 1957, only eleven persons contributed to the fund, the "Kirov Foundation", but in 1974 there were more than 3,000. This is evidence of the effectiveness of the educational work carried on over the years by the Red Cross Committees, in co-operation with other health organizations in the city.

The Leningrad Red Cross Society, whose membership continues to increase, enjoys great prestige and popularity among the people of the city. This is attested by many letters of appreciation, the finest reward possible to Red Cross members for their devotion to the interests of the people.

**Y. Arkhangelski,**

Editor of the Division of Medical and Health Information of the Executive Committee of the Alliance of Red Cross and Red Crescent Societies of the USSR

**V. Sokolov,**

Doctor of Medicine, President of the Committee of the Red Cross of the City of Leningrad

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## **AMBULATORY ERGOTHERAPY**

### **A Pioneering Activity of the Swiss Red Cross**

Ergotherapy, relatively unknown and often confused with physiotherapy, has been increasingly used during the past few years.

To offer a simple definition, we may say that ergotherapy is a treatment aimed at the readaptation of the patient. Specialists distinguish three categories:

The first of these, "activation ergotherapy," as applied to chronically ill or handicapped patients, seeks to restore capabilities which have been lost or forgotten or to create new ones. The therapist helps the patients to make use of the capacities they still possess. Thanks to the resulting physical or mental activities, they can maintain their place in society and despite age or infirmity feel they belong to it. Whether they live with their families, in special homes or hospitals, it is important for such people to maintain human contacts. Various methods, ranging from handicrafts to the organization of social and cultural events, are characteristic of this type of ergotherapy.

The second form is known as "functional ergotherapy". Its purpose is to improve body functioning, mobility and muscular energy. The aim

is to restore to the handicapped patient the utmost possible independence in his day-to-day life, through the use of accessories and specially designed prostheses.

The third category, "psychiatric ergotherapy", is for the mentally ill. Either through individual or group therapy, it seeks to restore the patients' psychic equilibrium. In a protected milieu, manual work and housework—and also music, games, theatrical performances and discussions—help the patients to regain their self-confidence by engaging in creative activities.

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More than twenty years ago, the Swiss Red Cross understood the value of ergotherapy. It all began quite simply, and, as often occurs, the impetus for this new kind of endeavour was given by practical need.

In the Zurich branch, in 1952, the first twelve volunteers to work in the newly constituted visiting service, soon recognized the bad effects of inactivity on the patients they saw. In 1953, an ergotherapist was employed to work with the volunteers. The profession at that time was still in its early days. Courses in ergotherapy were provided for social workers and nurses. It was not until 1957, however, that the first Swiss school of ergotherapy was established, with a three-year training programme. The Zurich branch obtained the services of one of the school's first graduates.

A boom period soon followed for ergotherapy, with a mounting demand for its practitioners, especially after the inception of insurance against invalidity. It was no longer simply a matter of providing distraction for chronically ill people and for residents in homes for the aged. The Zurich branch provided a place for treatment, with different types of equipment for readaptation, constituting the first ergotherapy centre to be established by the Swiss Red Cross. Since ergotherapy supplemented conventional medical treatment and included a social element, it came to be recognized as a "Red Cross job" and as such became more and more important. Today, Switzerland has eighteen Red Cross ergotherapy centres, run by seventeen branches. Their procedures differ to some extent, depending on whether they are in cities or in the countryside.

The particular novelty in the approach of the Swiss Red Cross is in the emphasis it gives to the ambulatory character of ergotherapy, as part of an overall effort to develop extra-hospital services. Both for individual and group treatment, ergotherapists and their assistants make regular visits to patients' homes, residence institutions and certain hospitals which do not have their own facilities. Patients who are able to do so go to the ergotherapy centres in their vicinity.

The activities of the Swiss Red Cross centres for ambulatory ergotherapy are now undergoing a slow evolution. Less and less use is made in the centres of what we have called "functional" ergotherapy—increasingly the affair of specialized institutions—and more and more use is made of "activation" ergotherapy. Consideration is being given to establishing an "activation" ergotherapy school with an eighteen-month training period.

Another special aspect of the Swiss Red Cross ambulatory ergotherapy centres is the fact that Red Cross volunteer workers in almost all of the centres take an active part in the work, especially in old people's homes, and in group therapy at the centres themselves. It would indeed have been impossible, for lack of both money and personnel, to depend only upon qualified ergotherapists. Before starting to work under the direction of professionals, or undertaking quasi-independent work, the volunteers take training courses which familiarize them with the psychological problems involved and also with the various techniques they will use—weaving, braiding, fabric printing, etc.

The work of these volunteers is greatly appreciated. They constitute a main point of contact between the patients and the outside world. They provide a link between those who are well and those who are sick, between the young and the old. Many times, indeed, their regular presence helps the families of patients to take an active part in the rehabilitation of handicapped family members. The task of these volunteers is not an easy one. In addition to manual skills, they must have great capacities of human warmth, intuition, friendliness and considerable perseverance. A great many young people, however, are fascinated by this work. In this field, it seems certain that the torch will neither fail nor fall to the ground.

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# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## EXTERNAL ACTIVITIES

### Africa

#### Angola

*ICRC action in the People's Republic of Angola.* — During the last few months the ICRC has carried on in Angola its assistance (medico-surgical services and distribution of food to needy persons) and its protection (mainly the work of the Central Tracing Agency), with a team of delegates at Luanda, another at Huambo, and three medico-surgical teams, one at Dalatando, one at Vouga, and one mobile, visiting the hospitals and dispensaries in the Huambo district. The team at Dalatando was provided by the Swedish Red Cross, the Vouga team by the British Red Cross, and the mobile team by the Swiss Red Cross. In all, the ICRC delegation in the People's Republic of Angola (RPA), led by Mr. C.-A. Neukomm, numbered thirty persons, not counting the locally recruited staff.

From the beginning of its work in Angola until mid-March the ICRC had sent more than 970 tons of medical supplies and foodstuffs and 20,000 blankets, to a value of some 3.3 million Swiss francs. Since then an aircraft chartered by the ICRC has delivered 40 tons of medical supplies, baby food and protein-rich foods, seven tons of which were provided by UNICEF.

*For refugees in the south of Angola.* — On 24 January the ICRC opened a five-man delegation at Windhoek in Namibia, to assist several thousand displaced persons in camps at Pereira d'Eça, Calai and Cuangar in the south of Angola. Between that date and the closure of the delegation on the 27 March, the delegates distributed 85 tons of relief supplies comprising 338 family-size tents, 3,260 blankets, medicaments, foodstuffs, toilet requisites and various utensils. On leaving Windhoek the delegates

handed over twelve tons of supplies to the South African Red Cross. The total value of this assistance is estimated at 370,000 Swiss francs.

Of these 97 tons of supplies, 31 tons sent from Europe by air had been provided by the ICRC and the Red Cross Societies of the Federal Republic of Germany, Italy, Portugal, Switzerland and the United Kingdom, 31 tons had been bought locally by the ICRC, and 35 tons had been provided by the South African Red Cross.

Just before the withdrawal of the South African troops who ensured the safety and smooth-running of these camps, the ICRC several times approached the Permanent Mission of South Africa in Geneva, and the authorities of the People's Republic of Angola in Luanda, to call the attention of both governments to the danger to the displaced persons between the departure of the South African troops and the arrival of the Angolan authorities.

When making this approach to the Government of the People's Republic of Angola, the ICRC pointed out that its function for the benefit of these displaced persons was to provide material assistance. It offered to continue doing so if required after the departure of the South African troops.

## **Zaire**

An ICRC medical and relief mission, consisting of a delegate, a doctor and a nurse, was in Zaire from the beginning of February to mid-March, to assist several thousand Angolans who had sought refuge in Zaire. These refugees were first concentrated at Songololo before being distributed to a dozen reception centres which had been deserted by former refugees from Angola towards mid-1975.

The doctor and nurse, as a mobile medical team, carried out a two-fold action. They organized medical relief, mainly by founding six dispensaries in the refugee centres. They also started a programme of milk and vitamin distribution for children and of high-protein foods for adults.

All the centres, in which there were in total some 10,000 refugees, were visited every third day. In this way, with the help of local religious missions, several hundred children and adults were saved from starvation and disease.

For this action, now being carried on by the United Nations High Commissioner for Refugees, the ICRC sent by air nearly seven tons of food and medicaments valued at 73,000 Swiss francs.

**Burundi**

In March an ICRC mission comprising two regional delegates, Mr. U. Bédert and Mr. J.-F. Borel, a delegate, Mr. J.-F. Labarthe, and a doctor, Dr. H. Meyenberger, undertook a further series of visits to places of detention in Burundi. The mission went to eight prisons—at Mpimba, Bubanza, Ngozi, Muramvya, Gitega, Bururi, Rumonge and Muyinga—where there were some 1,750 detainees, several dozen of whom were held for political reasons. The delegates talked in private with detainees of their choice.

In agreement with the Minister of Justice, the penitentiary authorities and the Burundi Red Cross, the mission set up an assistance programme valued at 30,000 Swiss francs. In addition to the customary type of distribution to detainees—blankets, toilet requisites, medicaments—the programme includes the improvement of sanitation and the introduction of workshops in several prisons.

Throughout their mission the ICRC delegates were helped by the very co-operative authorities and National Society.

**Somalia**

Mr. J.-F. Borel, ICRC delegate in East Africa, was in Somalia at the beginning of March. He was well received by the Somali authorities and Red Crescent with whom he conferred on a number of subjects of common interest. He also met representatives of the Somali Liberation Front and went to the north of the country to survey the conditions in which refugees from Djibouti were living.

Following its delegate's report, the ICRC in Geneva sent to Mogadishu, for these refugees, 50 tons of flour and 10 tons of milk powder donated by the Swiss Government, and a consignment of medicaments valued at 5,000 Swiss francs.

**Latin America****Chile**

In March the ICRC delegation in Chile, led by Mr. R. K. Jenny, visited fifteen places of detention in which there were 543 detainees. The delegates distributed toothpaste, toothbrushes, detergents, disinfectants, other toilet requisites, clothing, food and games, to a value of about 3,000 dollars. They also provided the prison infirmaries with 137 kgs of medicaments.

At the same time the delegation continued giving assistance to detainees' families: 470 families in Santiago and 1,870 in the provinces. This assistance was equivalent to 15,000 dollars.

It should not be forgotten that the ICRC does not have access to all detainees immediately after their arrest. The Chilean authorities allow the delegates to visit camps holding persons detained under the emergency regulations, civilian prisons, and some military prisons. On the other hand, the ICRC is still not allowed to visit certain centres under the authority of security agencies, with one exception where delegates may go but may not talk in private with the detainees as they do in other places of detention.

### **Cuba**

Mr. S. Nessi, delegate-general for Latin America, was received in Habana by representatives of the Ministries of Foreign Affairs and of Public Health, and by leaders of the Cuban Red Cross. Discussions concerned mainly the activities of the ICRC and the organization of the National Society, which is very active particularly in the medico-social field. Mr. Nessi also visited the National Society's main premises in Habana and one of the provincial sections.

### **Mexico**

From 6 February to 20 March, Mr. C. du Plessis, regional delegate for Central America and the Caribbean, and Mr. F. Amar, delegate, after contacting the Federal and State authorities, visited twenty-four places of detention: six in the Federal District, four in the State of Sinaloa, three in the State of Guerrero, two in the State of Chihuahua, two in the State of Sonora and one each in the States of Jalisco, Aguascalientes, San Luis Potosi, Caxaca, Puebla, Nuevo-León and Morelos.

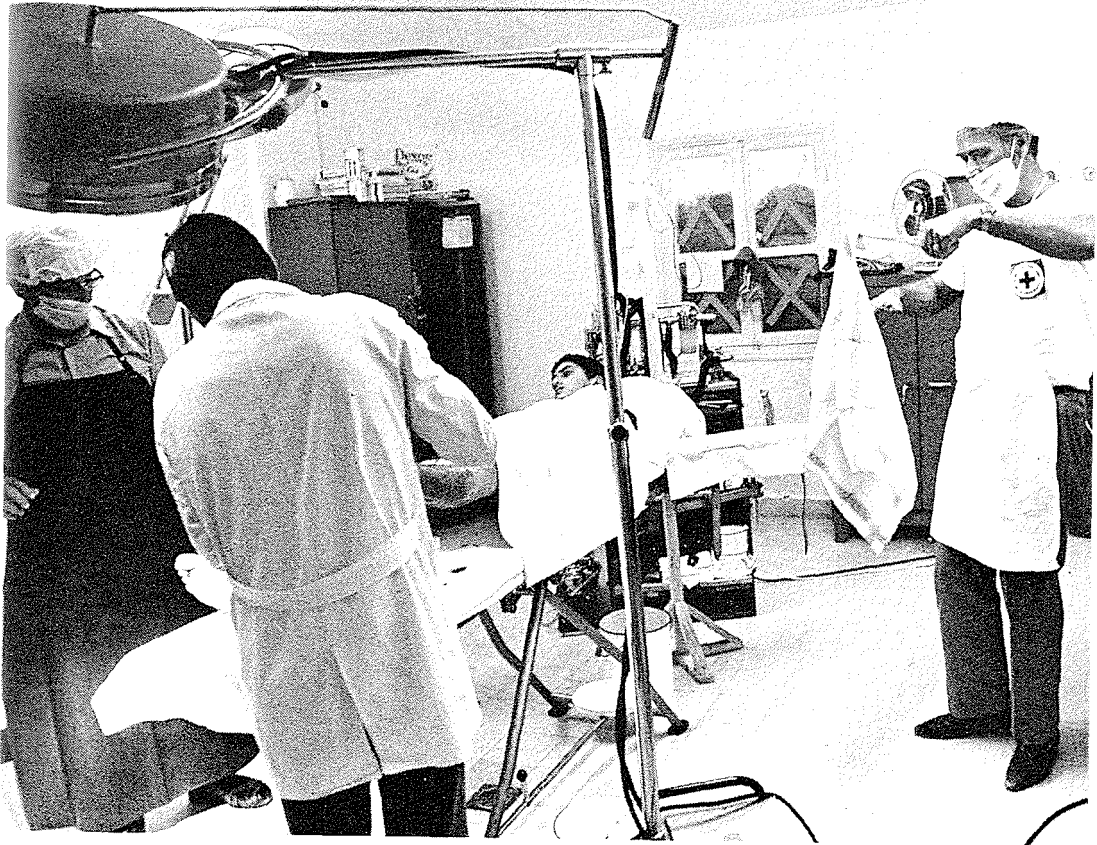
This mission covering a wide territory, the ICRC delegates had contact with leading members not only of the Central Committee but also of local committees of the Mexican Red Cross, thereby obtaining a better insight into the work of the provincial branches of the National Society.

### **Middle East**

#### **Lebanon**

In view of the gravity of the situation in Lebanon, the ICRC has taken further steps to strengthen its Beirut delegation and to increase its humanitarian aid to the inhabitants of isolated enclaves. For that pur-

## LEBANON



The operating theatre at the ICRC field hospital in Beirut.

Photo J.-J. Kurz/ICRC

LEBANON



A village in the Bekaa plain : ICRC mobile medical team at work.

Photo J.-J. Kurz/ICRC

## LEBANON



Central Tracing Agency office at the ICRC Beirut delegation.

Photo J.-J. Kurz/ICRC



**Yemen Arab Republic:** Repatriation of Yemeni nationals by an aircraft on charter to the ICRC.

Photo J.-J. Kurz/ICRC

**Portugal:** An ICRC delegate (*left centre*) handing a copy of *The Red Cross and My Country* to the President of the Portuguese Red Cross (*right centre*).





pose, the ICRC decided to send two mobile medical teams, more delegates and fresh medical supplies, necessitating an outlay of at least half-a-million Swiss francs.

The first mobile medical team—a doctor, a female nurse and a delegate—began its work in the Bekaa plain in the east of the country on 22 March.<sup>1</sup> Its mission is to help isolated communities in dire straits because their food and medicaments are exhausted. The second medical team left Switzerland on 31 March for Akkar, in the north. The team travelled via Damascus which is the logistics base for both teams, their destinations being too difficult of access from Beirut. As this report was being written, a surgeon was on his way to the Baalbeck regional hospital which could not operate for want of a surgeon.

At Beirut, developments made it impossible for the ICRC to reach the town's hospitals from the airport. To remedy this, and consistent with its principle that it must help all victims, the ICRC sent two delegates to Jounieh in order to deliver medical supplies to the wounded and sick in the eastern part of the town. For that purpose it delivered to Cyprus by a chartered aircraft on 30 March eleven tons of blood plasma, blood substitutes, transfusion and surgical equipment, dressings, antibiotics, and various drugs, to a value of 220,000 Swiss francs. The consignment was shipped the following day to Jounieh.

By mid-April the ICRC had in the western sector of the town a twelve-man team at the ICRC delegation and at the ICRC office at the airport, and a field hospital in the Ouzai district. This eight-tent hospital, with a 120-bed capacity, was set up on 13 February and by mid-April had treated some 3,000 wounded and sick. It was staffed by ten doctors and nurses provided by the Nordic Red Cross Societies, helped by a score of local staff.

In the last few weeks the ICRC has continued sending consignments to Lebanon. From October 1975 to 11 April it sent more than 167 tons of relief supplies to a value of 3 million Swiss francs, for the benefit of victims of all parties.

### *Financial appeal*

At the end of March the ICRC launched a fresh appeal to all governments and National Societies for the funds which it so urgently requires.

<i>Contributions by 31 March 1976</i>	<i>Swiss francs</i>
Governments . . . . .	1,733,400
National Societies . . . . .	402,000
Miscellaneous . . . . .	3,000
	<hr/> 2,138,400

<sup>1</sup> *Plate.*

*Expenditure as at 31 March 1976*

Operating expenses . . . . .	300,000
Relief supplies (purchased by ICRC) . . . . .	1,600,000
Field hospital . . . . .	350,000
Relief supplies provided by National Societies . . .	2,750,000
	<u>5,000,000</u>

*Monthly budget for continued ICRC operations*

Operating expenses . . . . .	210,000
Field hospital operations (depending on number of patients) . . . . .	200,000-400,000
Cost of mobile medical teams (including equipment and supplies) . . . . .	250,000
Sundry relief supplies . . . . .	according to needs

**Yemen Arab Republic**

For the month of February Mr. J. de Courten, ICRC regional delegate, was on mission in the Yemen Arab Republic, mainly to make preparations, in co-operation with the authorities and the emerging National Red Crescent, for the repatriation of some 500 Yemeni nationals from Ho-Chi-Minh-Ville.<sup>1</sup> He had many contacts with the authorities and the National Society concerning national Red Crescent activities, conditions in prisons (following the series of prison visits in the Yemen Arab Republic last December), the dissemination of knowledge of the Geneva Conventions and of the Red Cross principles in the armed forces and in schools, and the work of the ICRC in the Middle East.

**People's Democratic Republic of Yemen**

Mr. de Courten went also to Aden where he had worthwhile discussions with the authorities and the emergent Red Crescent Society. The main topics of the talks were the accession of the People's Democratic Republic of Yemen to the Geneva Conventions, and the development of the National Society.

**Israel and the occupied territories**

Following the trouble which broke out in the occupied territories during the last few weeks, and the measures taken by the Israeli authori-

<sup>1</sup> See *International Review*, April 1976.

ties to repress it, the ICRC delegates on the spot and whose freedom of movement had not been restricted, checked whether the relevant provisions of the Geneva Conventions were respected. They took note of complaints and approached the Israeli authorities whenever appropriate. They protested, for example, against the expulsion to Lebanon of two inhabitants of Hebron and Bireh, on the West Bank of the Jordan.

In addition, several Arab Governments and Red Crescent Societies had asked the ICRC to intervene.

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*IN GENEVA***Death of Jacques Chenevière, ICRC honorary vice-president**

The death of Mr. Jacques Chenevière on 22 April 1976 was the loss of a man who for over fifty years devoted a very large proportion of his active life to the Red Cross movement.

It was in September 1914, at Gustave Ador's behest, that he and Mrs. Frick-Cramer set up the International Prisoners of War Agency. In November 1919, he became a member of the ICRC and from that time on a great deal of his time was given over to its affairs. As soon as the Second World War broke out in 1939, Jacques Chenevière was once again put at the head of the newly revived Central Tracing Agency and it was under his leadership that it was placed on a war footing. When it is realized that, from the day the war started until the day it was over, forty million cards were made out and twenty-five million messages were transmitted by the Central Agency, it will be easily understood that the burden on the shoulders of its director was a crushing one necessitating his constant vigilance and care.

In the post-war years, he continued to work for the ICRC with unabated vigour until December 1969, when he was nominated an honorary member. In recognition of his long period of faithful service to the ICRC, he was awarded in 1949 the ICRC gold medal. Ten years later he was made honorary vice-president, a title which might be said to have been specially created for him.

It would be difficult to enumerate all the posts he occupied within the ICRC, for he took a part in practically every one of the ICRC's directing councils that were created throughout the years. At least one of his functions should be mentioned: he was several times vice-president of the ICRC and as such discharged several important missions in various countries. In his book *Retours et images*, he described a voyage he made

to Rome with Max Huber, the ICRC president, at the time of the Abyssinian War; there is also a vivid account of his work at the Agency from 1914 to 1918. Several studies on the work of the Red Cross, published in various journals, mainly in *International Review*, were from his pen.

But the task which absorbed all his energies and where his organizing ability and imagination were most evident was that which he assumed at the head of the Central Prisoners of War Agency from 1939 to 1945. It is difficult to put in a few words the sum of labour and action, compounded with the worries and responsibilities, which such work entailed, demanding as it did a perpetual inventiveness and continually necessitating the adaptation of practical measures to requirements which were as urgent as they were unexpected.

His duties demanded a detailed knowledge of the principles of the Red Cross and a cautious appraisal of the scope for and limitations of humanitarian action. As an active participant in ICRC work over many years, he had gradually acquired, where the ICRC and its specific situation in international events were concerned, a fine sense of judgement, and it was this which guided his thoughts when he wrote in 1949 the following words which could well be applied to the present situation:

“The ICRC has no political authority or material power. It therefore cannot oblige States or their leaders to apply principles which it considers to be fundamental. Besides, in wartime, a belligerent who makes a concession to the advantage of the enemy wants the enemy to reciprocate. No country would willingly agree to improve the condition of enemy subjects if its enemy did not grant an identical, or at least an equivalent concession. It is this which makes the International Committee’s role as an impartial intermediary indispensable and almost unique. Drawing its strength from universally recognized custom, the ICRC is able to enter into negotiations with governments and in most cases win them over. Its main strength resides in this moral force, represented by a flag which in less than a hundred years has come to be flown by every country in the world beside its own national flag. We have no means of compelling, but only of persuading.”

\* \* \*

We have not been able to do more than give a very brief account of the career of a man who gave for the Red Cross the best of his strength, mind and heart. The International Committee is conscious of the outstanding worth of the work which Jacques Chenevière carried out so devotedly and for so long, and it will deeply and gratefully cherish his memory.

## **International Committee tribute**

As a mark of its deep gratitude to Mr. Hans Bachmann, who was recently nominated an honorary member, the ICRC has awarded him its silver medal. Mr. Bachmann was presented with the medal on 7 April 1976 at an informal meeting. In his address of thanks to his fellow-members, he said:

“When, early in 1942, Carl-J. Burchhardt agreed that I should join the International Committee as a novice—who had everything to learn—it proved to be a major blessing in my life! The extraordinary personality of this exceptional man, the warmth of his heart, his sense of true proportions, his perspicacity in judging men and events—everything in him added up to make him a master who guides us through the whole course of our existence. His conception of the mission of the Red Cross—simple and effective provision of aid to those in distress—was in keeping with what he himself deeply felt. He placed the high competence he had acquired as a diplomat entirely at the service of a humanitarian task, and he believed that the art of diplomacy had to be performed with that same instinct with which natives found their way through virgin forests.

To achieve success in his missions, Carl Burchhardt was aided by his persuasive powers, backed by a remarkably authoritative mien constantly apparent in his whole being. He was thus an ideal ‘partner’ for Max Huber, who was more inclined to analyse situations, who knew how to encompass them in the light of the principles which must govern the institution, and who was ever mindful of the harm which might arise from such situations. His mind, critical and far-sighted, measured all aspects of a problem. It was indeed providential that, at the time when the International Committee had to face the challenging events of the Second World War, it had at its head those two personalities: the man of law and principles, and the man endowed with a creative imagination and with the power of influencing men. Both were deeply conscious of the

very special nature of our work, which demanded that we should tread warily as if on a razor's edge: on the one side, the only motivation for action being the desire to provide moral and material assistance to persons in the hands of an enemy Power; on the other, world political and military factors on which the practical implementation of that assistance depended, together with the aspirations of Powers and their representatives' ambitions, jealousies, susceptibilities and fears. The ingenuous idealist is as little suited for Red Cross work as he who would set his personal interest or comfort above the requirements implicit in the institution's mandate. It is upon the balance between the inspiration found in the spiritual value of our cause and the qualities of efficiency, intelligence, self-denial and sacrifice of those who serve it that the ICRC's future depends.

My warmest wishes therefore go out to our institution; whenever technical considerations, red tape, cold-hearted indifference or egoism would seem to predominate, may our institution have the strength to seek anew and rekindle the spirit wherewith alone it should be imbued."

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## HUMANITARIAN ACTIVITY IN ANGOLA

*In our previous issue we mentioned that a new six-month plan of operations had been submitted by the ICRC to the Government of the People's Republic of Angola. On 26 April, the International Committee published the following press release.*

The authorities of the People's Republic of Angola have informed the ICRC of their wish to have the assistance programmes for the benefit of the Angolese population carried out by national agencies, preferably through the National Red Cross Society now being reorganized. No date has been proposed by the Luanda authorities for the take-over.

At the end of February the ICRC had submitted to the PRA a six-month post-war emergency programme of assistance to supplement the humanitarian work which the ICRC had been carrying out since June 1975. The new programme was to provide mainly medical assistance to give the authorities time to set up a national medical infrastructure.

Upon receipt of the reply from the People's Republic of Angola, the ICRC decided to recall the personnel on stand-by. It also examined arrangements for phasing out its activities in Angola.

As it has done since it first went into action in Angola, the ICRC will maintain close contact with the National Red Cross and with the League of Red Cross Societies so that, when the times comes, it may contribute to the future assistance programmes within the terms of reference of each institution.



## INTERNATIONAL TRACING SERVICE

The year 1975 was a twofold anniversary year for the International Tracing Service (ITS). Not only was it the thirtieth year of that unique international Service's existence; it was also the twentieth year of the ICRC's presence in Arolsen. To mark the thirtieth anniversary a short ceremony took place on 6 May in the main hall of the ITS. Each member of the staff was presented with a copy of the booklet published for the occasion.

During those thirty years, the situation appreciably changed. Although at the beginning the Service's main task was to trace people posted as missing during the Second World War and to reunite dispersed families, such work today represents no more than four per cent of all requests and enquiries reaching the Service.

Since its foundation, the ITS has received 4,072,672 requests or enquiries and has issued 5,606,973 replies. The annual average in the course of the 31 years was 131,000 requests and enquiries and 180,000 replies. The difference between the two figures is explained in part by the fact that some replies had to be sent to several organizations, and in part by the acquisition of additional documents which made it possible to give more detailed replies to earlier questions to which replies had previously been inconclusive or in the nature of a *non est inventus*, for want of documentary material.

In 1975 the number of requests and enquiries was unusually high due, as in the two preceding years, mainly to the checking of lists of Jewish people in the Federal Republic of Germany who had lived in Berlin when they were being persecuted. The number of requests has always unpredictably and inexplicably fluctuated. It is in fact the diversity and range of work handled by the ITS which is a characteristic feature of the Service. This can be seen from a glance at the following analysis of documents and information issued by the ITS in 1975:

## INTERNATIONAL COMMITTEE

certificates of imprisonment . . . . .	26,175
certificates of residence . . . . .	5,386
death certificates . . . . .	3,690
medical certificates . . . . .	2,631
photocopies . . . . .	5,397
work certificates . . . . .	6,191

### Information for:

writings in memory of deportees . . . . .	114,896
records and publications . . . . .	7,565
attorneys general . . . . .	28,952
tracing individuals . . . . .	12,324
historical and statistical purposes . . . . .	1,183
miscellaneous . . . . .	11,169

a total of 225,559 replies to 207,809 questions and requests from 45 countries.

It is surprising that the number of certificates of imprisonment — like certificates of residence which in the main are required for settling queries in claims to compensation — is so high since claims for compensation have been estopped.

The number of index cards issued during the year was 1,918,531. The central record index, the alphabetical repertory and key to the system, now contains 41,600,000 index cards.

In 1975 the ITS again acquired copious documentary material, of which the nature varied as widely as the source and of which the importance for the work of the ITS was capital. Most of this material was of concern to the sections dealing with concentration camp documents, wartime documents and, of course, history. This new material proved to be of inestimable value for victims and their families.

By dint of effort for several years, the ITS has continually increased its documentary material and Arolsen has become the centre for documents relating to the era of the concentration camp, although the documentary material is fragmentary and by no means complete.

It is impossible to name all donors who have contributed to this wealth of documents, but we wish to express to them here the gratitude of the ITS.

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A large part of the documentary material has made it possible to complete the "Repertory of places of detention". The enormous quantity of the documents, however, precluded publication of the repertory in 1975. It has, on the other hand, made it possible to trace many camps, namely

seven of the pre-war period from 1933 to 1939, 73 labour units and eight labour sub-units from wartime concentration camps. In addition, important information — such as the dates of opening and closing of camps — has entailed changes in records relating to ten concentration camps of the pre-war period and to about 600 labour units and sub-units during the war. Less important changes were made in respect of more than a hundred labour units and sub-units. These numerous changes and additional information received made it necessary to carry out a full revision of the provisional edition of the Repertory which should be published some time in 1976.

The newly acquired documents revealed 2,518 deaths which were then communicated to the special registry office for official records. This brought to 264,148 the number of death certificates issued by the ITS as at 31 December 1975. Confirmations of deaths have constantly been coming to light during the last few years. In all, the number of deaths recorded by the special registry office amounted to 354,278.

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### A THIRD ICRC PUBLICATION ON THE USE OF CERTAIN WEAPONS

In our March issue, after bringing to our readers' attention the end of the second session of the Conference of Government Experts on the Use of Certain Conventional Weapons, held under ICRC auspices in Lugano from 28 January to 26 February 1976, we announced that we would revert to that subject. We now do so on the occasion of the publication of the Report on the work of that conference.

This Report <sup>1</sup> is one of three, the other two being *Weapons that may Cause Unnecessary Suffering or have Indiscriminate Effects* (ICRC, Geneva, 1973) and the *Report on the Conference of Government Experts on the Use of Certain Conventional Weapons* (ICRC, Geneva, 1975).

A comparison of the three publications shows the progress made in a few years. Governments now have before them several proposals on various categories of conventional weapons. There is now a widespread conviction that in the fairly near future one or more international legal instruments will be forthcoming to forbid or restrict the use of some of those weapons.

This third report comprises an account and the summary records of the plenary meetings, the report of the General Working Group under the chairmanship of H. E. Ambassador Kussbach from the Austrian Ministry of Foreign Affairs, and the reports of three sub-groups on general and legal questions, mines and traps, and small-calibre projectiles. All proposals submitted to the Conference are given in an appendix. Professor Kalshoven of Leyden University was the Rapporteur for both the plenary and the General Working Group meetings.

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<sup>1</sup> *Conference of Government Experts on the Use of Certain Conventional Weapons (Second session)*; of more than 200 pages and available in English, French or Spanish from ICRC Documentation Service, at the price of 22 Swiss francs. (ICRC, Geneva, 1976).

As mentioned by Mr. J. Pictet, ICRC Vice-President and Chairman of the Conference, at the closing meeting, to reach consensus on many points had proved more difficult than had been expected. He pointed out that both the Lucerne and the Lugano sessions had achieved results which would later bear fruit. He added that, in view of the humanitarian stakes, the ICRC would be prepared to continue with the work. In the new publication here presented, the reader will see what general tendencies have emerged, and may take cognizance of the copious documentary material.

It is now for governments, particularly those whose plenipotentiaries are at this moment meeting in Geneva for the third session of the Diplomatic Conference on Humanitarian Law, to decide the best procedure to bring to fruition the work so far carried out in this undoubtedly difficult field, but one which is so important for mankind, as it concerns the security of States.

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### **“THE RED CROSS AND MY COUNTRY” IN ETHIOPIA AND PORTUGAL**

On a number of occasions *International Review* has mentioned the ICRC efforts to make known, through the school textbook *The Red Cross and My Country*, the underlying principles of the Geneva Conventions. More than a million copies of twenty versions of the textbook have been distributed. In more than sixty countries in Africa, Latin America, Asia and Europe, it has been a pronounced success. It is intended to imbue primary school pupils with a sense of the fundamental Red Cross principles, and is supplemented by a “Teacher’s Manual”.

It was recently introduced into Ethiopia and Portugal.

#### **Ethiopia**

On 3 March 1976, at the headquarters in Addis Ababa of the Ethiopian Red Cross, a ceremony took place to mark the presentation by the ICRC, represented by its delegate Mr. R. Gaillard-Moret, of 30,000

copies of the textbook. Several officials attended, including Mr. A. Gulelat, Vice-Minister for Education, Dr. T. Mekuria, Second Vice-President of the Ethiopian Red Cross, and Mr. Teserra Worq Shimelis, the National Society's Secretary General.

The ICRC hopes that, with the delivery of the textbook, a lesson on the Red Cross will be introduced into school programmes.

During the same presentation ceremony, the ICRC delegate gave 15,000 copies of the ICRC's "Soldier's Manual" to the authorities. This book, for the armed forces, concentrates attention on the essential provisions of the Geneva Conventions.

### Portugal

A ceremony took place at the beginning of March at the headquarters of the Portuguese Red Cross, in Lisbon. Mr. F. Payot, ICRC delegate, gave 52,000 copies of *The Red Cross and My Country* and the *Teacher's Manual* to the National Society.<sup>1</sup> The booklets had been translated by the Portuguese Red Cross and printed by the ICRC, which asked the Ministry of Education to introduce them into primary schools for pupils in the higher classes.

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<sup>1</sup> *Plate.*

# IN THE RED CROSS WORLD

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## THE INTERNATIONAL RED CROSS MUSEUM

Some time ago, the *International Review* published an article by its editor-in-chief, following a visit to Castiglione delle Stiviere in Italy and its International Red Cross Museum. Since then, we have referred several times to the Museum's activities. We can now report on new developments, after a meeting of the institution's directorate on 12 March.

Undertaken on the initiative of the curator, Mr. Ezio Mutti, the interior reconstruction begun last year is now well under way and will provide for a considerable expansion of exhibition space. In addition, arrangements are being made for a photographic laboratory. The first-floor balcony has already been modified, to provide better light and allow for the ever-increasing flow of visitors.

On the ground floor, the exhibition rooms open into a large hall, at one end of which a door leads to a garden courtyard. In the court, protected by vaulting and half-roofs, there is a display of medical equipment presented by the Italian Red Cross, along with illustrations. Nearby are the very stretchers on which the cruelly wounded soldiers were carried to Castiglione from the battlefields of Solferino and San Martino.

Mr. Mutti also provided for the renovation of the courtyard, which has now been completed, bringing into evidence again the original tiles ordered by Silvio Longhi, an eminent figure in the history of Italian penal law, who built this stately house during the last century—a house now containing such a wealth of remembrances of the Red Cross and its history.

This summer, there will also be a special opportunity for visitors to learn more about the present-day work of the Red Cross. An exhibition will be presented, from June to September, including 18 huge panels of pictures, photographic documentation and posters, illustrating some of the humanitarian activities of the Red Cross throughout the world.

## REPATRIATION OPERATIONS BY THE INTERNATIONAL RED CROSS

*The repatriation of foreign residents in the Republic of South Vietnam took place between 28 December 1975 and 29 February 1976, as mentioned in our previous issues. We would like to refer to them again here, for this was a humanitarian action on a large scale enabling 1,657 people to leave Saigon for India, Pakistan and the Yemen.*

*Several flights were organized by the International Red Cross in co-operation with the authorities and Red Cross of the Republic of South Vietnam and with the governments of the receiving countries. The aircraft were chartered by the ICRC, whose delegates aboard the planes escorted the families, many of which had several children. The delegates gave assistance throughout the flight and on arrival as explained by one of the five delegates on this mission, J.-J. Kurz, in his account published in Contact (Nº 7) after he had escorted nearly 500 Yemeni nationals back to their own country<sup>1</sup>.*

Aboard the DC-8 of the International Committee of the Red Cross the 237 passengers insist on landing. Having left Vietnam for their homeland, they have now been more than ten hours aloft. They are all tired; a score of half-naked crying children wander in the aisle, some of the adults are dozing in their seats, some ask for water, some of them are tying and untying the same bundles over and over again. One man has fallen ill and lies shivering under a blanket.

In the cockpit the pilot is talking with the ICRC delegates: a strong wind has slowed the plane and now the mountains surrounding Sana'a, the capital of the Yemen Arab Republic, are hidden in clouds. Landing is impossible, the plane must turn south for Aden, capital of the People's Democratic Republic of Yemen.

Radio contact is made with Aden, where some surprise is expressed, but when the aircraft comes to a stop at Aden the delegates are relieved

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<sup>1</sup> *Plate.*



to see awaiting them representatives of the authorities and of the South Yemen Red Crescent. After a brief explanation, local Red Crescent volunteers take over to find shelter and food for all the adults and children.

It is almost 11 o'clock at night when the passengers are permitted to leave the aircraft which must return to Vietnam immediately for the second flight of the repatriation programme.

Two of the ICRC delegates remain at Aden to arrange for the repatriation of their charges to the Yemen Arab Republic. They search for some means of transport to Taiz, but the road from Aden to Taiz is difficult and long. So they decide on travel by air. A jet is offered, but it is too expensive. Finally they are able to hire two DC-6's. While one delegate attends to the charter party, the other reassures the passengers. Families are made comfortable with camp beds and blankets. The sick man has been taken to hospital by a Red Crescent ambulance and several voluntary workers from the Red Crescent are serving food and hot tea. A nurse is going to spend the night with the passengers.

Next morning, after a hearty breakfast, the take-off. The Red Crescent volunteers wave goodbye, the children reply from behind the portholes, and soon the planes are over the desert. Gradually the stark peaks of the mounts are in sight and soon after, in the centre of the mountain mass, Taiz comes into view.

At the airport the North Yemen Red Crescent has made preparations. Hot tea is ready and buses are waiting to take the passengers to new stone houses a few kilometres from the airport. After a meal of rice, vegetables and meat the families are installed, one to each house, with mattresses and blankets. A new life is starting for them in a country which some of them have never seen.

The delegates depart. They are sure of one thing at least: in both North and South Yemen the enthusiasm of the young voluntary workers augurs well for the future of the two emerging Red Crescent Societies.

## UPPER VOLTA

At Ouagadougou on 25 March the Red Cross of Upper Volta organized a seminar on national and international Red Cross action, and on international humanitarian law principles. The meeting was sponsored by the Minister of Health and was attended by senior civil servants from a number of ministries.

The Minister of the Interior and Security was present at the opening ceremony. Several speakers delivered papers which prompted many questions. The ICRC was represented by Mr. M. Schroeder, regional delegate, whose description of ICRC activities in the world was followed by film projections.

The following day was devoted to the work of the National Youth Council and to first aid by the Upper Volta Red Cross. This was the first time that all the officials in charge of these activities had been together at a meeting.

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## UGANDA

*Last month we printed an article on the seminar held recently in Kampala at the suggestion of the ICRC. At the closing ceremony, the Acting Chairman of the Red Cross of Uganda, Mr. S. K. Katama, made a speech, of which we give below some excerpts describing the valuable work done by this National Society and the way in which it is organized.*

The Red Cross activities cover the following:

*Blood transfusion service* — This is one of the biggest programmes, run jointly with the Ministry of Health, which is responsible for the technical side and provides an annual grant.

*First aid, child care and home nursing* — These are carried out jointly with schools, mission hospitals, and government hospitals.

*Assistance to disaster stricken areas* — Recently the Uganda Red Cross Society, with the help of the ICRC and the League of Red Cross Societies, distributed blankets, clothes, food and soap to flood victims.

*Tracing* — The Uganda Red Cross Society assists in tracing individuals at the request of the ICRC, and the information is given to the ICRC Central Tracing Agency in Geneva.

*Hospitals* — The Society organizes hospital trolleys carrying small items like cigarettes, magazines or books.

*Material help to other voluntary organizations* — The National Society provides, for example, milk powder, soap and clothes.

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The Society is organized as follows:

A Division is recognized when some members agree among themselves to form an Executive Committee and resolve to carry out activities in their area with the framework of the aims and objectives of the Red Cross. They become sole representatives of the Red Cross in the area and are expected to spread and project the good image of the Society. There are divisions all over the country with a total annual membership, at present, of almost 1,500.

The first Red Cross Youth Link was created in Kampala in 1962. Each division has a Red Cross Youth Section, with Links in different schools, with a total membership of 6,000.

The Link leader is responsible for activities and training. He or she is either a teacher or a member of the senior Red Cross. The Youth Co-ordinator in each division reports to the National Youth Instructor.

The introduction of a Youth Link in any school, large or small, in the city or in a rural area, widens the horizons of teacher and student alike, making available to them the resources of a vast organization. Through local service projects, the young people are brought into closer contact with the community in which they live and are made aware of their responsibility toward that community. By taking part in international exchange with Red Cross youth in other countries they learn to know and better understand those who live beyond their shores.

All Red Cross Youth Links have three aims in common: to protect health and life; to serve others; to promote national and international friendship and understanding.

## MISCELLANEOUS

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### MEDICAL NEEDS IN DEVELOPING COUNTRIES

*Even though health services have been considerably increased in many of the developing countries, medical and hygienic conditions for the people are still not satisfactory. It is possible to accomplish a great deal, and a variety of programmes are under way, ranging from the installation of completely new infrastructures to the institution of pioneer projects in limited areas. Both WHO and Unicef have looked into these initiatives with a view to providing information and suggestions which might benefit other nations. A joint study, with the participation of many experts from both institutions was published by WHO.<sup>1</sup> We have chosen several passages demonstrating the vital need of meeting, as fully as possible and as quickly as possible, the basic health needs of the developing countries.*

The health services are only one factor contributing to the health of a population. Economic and social development activities often have a positive influence on a community's health status. Sanitation, housing, nutrition, education and communications are all important factors contributing to good health by improving the quality of life. In their absence, the gains obtainable with the disease-centred machinery of health services cannot go beyond a certain point.

The essence of a successful development programme is that it should be properly balanced. Health services should neither be too sophisticated nor lag behind other sectors in development. Good health must surely be a basic component of economic development; in turn, social and economic development contributes to good health. The relationship is not completely understood, but even partial knowledge can prevent grossly inappropriate sectoral programmes being set up.

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<sup>1</sup> V. Djukanovic and E.P. Mach: *Alternative approaches to meeting basic health needs in developing countries*. Geneva, 1976.

In some of the cases studied, the health programme has been integrated into a general development programme. In others, it is associated with more limited measures aimed at improving the quality of life.

However, a complete change in the economic and social structure of a country is not the only path to follow. Regional programmes, as in Niger and Venezuela, have shown that less ambitious endeavours can meet basic health needs.

Adequate coverage and use of preventive and curative health services at the village level have been achieved when the population takes major responsibility for primary health care in collaboration with the health services. The principle of local self-reliance implies that local contributions play an important part in providing the necessary manpower and facilities and in bringing the health services into line with needs, wants and priorities of the population they serve. Community involvement also means that the population participate in decision-making about its health services. Participation usually guarantees that community's motivation to accept and use the services, and feeds information on its felt needs and aspirations back to the decision-makers...

...Forms of funding range from almost complete financing by the central government to payment of a considerable share by the community itself. In countries where it is possible, the national government has been able to fund primary health care directly. In all other cases, irrespective of the political and economic system, the community has shared this responsibility to a varying degree.

As the shortage of health personnel is one of the main factors preventing the health services from increasing their coverage of the rural areas, the possibility of training health manpower in a different way must be considered seriously. Moreover, if health staff are to be used properly, at the lowest cost, the tasks in the country's various health installations should be defined and the training geared to them. Here the case studies clearly demonstrate certain innovative features.

Primary health workers, locally recruited and supported by their communities, form the front line of the health system and the entry point into it for the population. They are effective, acceptable and inexpensive, and they require only brief initial training. In many of the countries studied, primary health workers are assigned to such priority areas as communicable diseases, maternal and child health (including family planning), nutrition, sanitation, and curative services for minor illness.

Indigenous healers can be trained and integrated in the general health system. Indigenous systems of health care function among large popula-

tions in the developing world, and in some countries, such as India, the system is well established although unrecognized. Further integration of these indigenous practitioners—professionals, nonprofessionals, faith healers, magic healers—into the state system calls for more research and information.

The development of a decentralized system is undoubtedly one of the most difficult undertakings facing a country trying to improve its people's health. It can be reasonably argued that the result is not worth the effort and that a completely centralized system is more efficient. The best answer to the argument, though a limited one, is to be found in the case studies, which show that the most impressive gains have been made in countries where a strong central policy has been implemented by a decentralized executive organization. The degree of decentralization differs from one case to another, varying from complete managerial devolution to the community (China) to a redistribution of responsibilities within the health system accompanied by consultation with communities (Venezuela).

Examples of community participation are found in different political settings. Participation makes communities more readily mobilized, increases their health awareness, and provides health authorities with the information they need for a better and more sensitive administration.

A firm national policy of providing health care for the underprivileged will involve a virtual revolution in most health service systems. It will bring about changes in the distribution of power, in the pattern of political decision-making, in the attitude and commitment of the health professionals and administrators in ministries of health and universities, and in people's awareness of what they are entitled to. To achieve such far-reaching changes, political leaders will have to shoulder the responsibility of overcoming the inertia or opposition of the health professions and other well-entrenched vested interests.

Fundamental changes in health care of this kind in the developing countries will require correspondingly far-reaching changes in the organizational structure and management practices of the health services. For illustrative purposes three different types of health delivery systems, appropriate to the differing stages of a country's development and relying heavily on primary health workers, are outlined in Annex 2. Although many variations of these three types are possible, such services need to be manned by a new brand of health professional with a wider social outlook, trained to respond to the actual requirements of the population. The basis and the strength of such services lie in a cadre of suitably trained primary health workers chosen by the people from among themselves and

controlled by them, rather than in a reluctant, alienated, frustrated group of bureaucrats “parachuted” into the community. The entire health service system will need to be mobilized to strengthen and support these primary health workers by providing them with training, supervision, referral facilities and logistic support, including a simplified national health technology appropriate to their needs. Primary health services of this kind will also function in close coordination with other segments of the health services and with other services that have a bearing on the health status of the masses, such as education, agriculture, public works and social welfare.

The innovations and successes described in this study are sufficiently promising to warrant a major change in policy and direction enabling such programmes to be fostered, extended, adapted and used as examples for a large-scale global programme.

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## THE NOTION OF ASYLUM

*A publication on Chilean refugees has just been issued by the United Nations High Commissioner for Refugees.<sup>1</sup> It contains an interesting article on the notion of asylum in Latin America and how this principle has found expression in a number of international conventions. We reproduce below an extract :*

The general notion of asylum is deeply rooted in Latin American history. The practice of ecclesiastical asylum was part of the Spanish legal system that was brought to Latin America in the 16th, 17th and 18th centuries. As originally accepted in Spain, the practice provided fugitives who had committed civil offences the opportunity to seek protection and assistance in certain monasteries and churches if they were genuinely contrite and sought the forgiveness of the church.

There were many abuses, however, and during the 18th century especially there were royal attempts to curtail the practice of asylum by limiting the offences for which it would be granted and the number of places of asylum which would be respected.

A royal decree in 1787 allowed the removal of military offenders from sacred places in certain conditions, and another decree of 1800 all but eliminated the practice of ecclesiastical asylum in Spain.

The situation was much the same in Latin America except that since the church was more clearly subordinate to the State in much of Latin America, asylum posed less of a threat to the civil authority and continued to be favoured during the first third of the 18th century. That favoured position declined, however, as the church became increasingly embroiled in factional political struggles.

With the gradual disappearance of ecclesiastical asylum, fugitives began to seek refuge in diplomatic missions where they might be protected

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<sup>1</sup> UNHCR Report, "El Refugio", Geneva, 1975.



under an extension of the immunity customarily accorded to the residence of the ambassador. But once again the practice was irregular and much abused.

In 1867, the Peruvian Minister of Foreign Affairs called a conference of diplomatic representatives in Lima to try to establish some agreed-upon limits and procedures for granting diplomatic asylum.

Although the ministers agreed that the practice was without legal basis, only the United States and Peruvian representatives were actually willing to abandon it outright. Others looked for some way to maintain and regulate diplomatic asylum in some form without creating a legal obligation to recognize the institution in all cases.

Diplomatic asylum was again a main topic of discussion at inter-American conferences in Montevideo in 1889, 1933 and 1939, in Havana in 1928, and in Caracas in 1954. The Tenth Inter-American Conference at Caracas produced a Convention on Diplomatic Asylum, signed March 28, 1954.

The Convention embodies the principle that asylum granted "*to persons being sought for political reasons or for political offences shall be respected...*" Under the Convention the determination of the nature of the offence or the motives for the persecution of the fugitive and the degree of urgency of the case are left to the State granting asylum...

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## BOOKS AND REVIEWS

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JEAN DE BLONAY: "1870: A REVOLUTION IN SURGERY"<sup>1</sup>

A doctor and a former ICRC delegate, the author of this book has subtitled it: "The origins and development of modern civilian and military surgery". He describes the history of surgery in the last century, particularly during the Franco-Prussian war of 1870-71. This leads him to discuss the growth of the Red Cross and the enormous humanitarian effort expended at that time on the battlefields, the historic aspect of which has been covered in the *International Review* in December 1970 and January 1971.<sup>2</sup>

The period was extremely important, partly because of the relief—which became organized as a result of the rapid and widespread application of the first Convention—provided for the victims of the war and partly for the huge strides made in medicine, surgery and pharmacology, so that care of the wounded steadily improved. As Dr. de Blonay points out, antisepsis and anaesthesia had just been introduced, making possible great advances in surgery. At this time too, the original concept of the Red Cross began to become a practical reality, with the enthusiasm and failings of all beginnings. It was during the Franco-Prussian war that the Red Cross first had to face unpleasant realities on such a large scale, and it was as a consequence of the experience gained in ambulances and field hospitals that surgeons discovered and consolidated the principles of modern surgery and the treatment of wounds.

The book is thus of absorbing interest, as well as being easy to read, with well chosen illustrations. It explains how the medical services of the time evolved, and sketches in the social and political background. In his preface, Professor J. C. Rudler, director of the university surgical unit at the cantonal hospital of Geneva, says that the author "has succeeded in presenting a vivid picture of the state of the two armies

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<sup>1</sup> Editions Médecine et Hygiène, Geneva 1975, 150 pages. The book is in French.

<sup>2</sup> See V. Segesvary: The Birth of Red Cross Solidarity.

involved, especially the organization of their medical services and the activities of the Red Cross".

Certainly, there were initial difficulties arising from ignorance, among some military and civilian doctors and surgeons, of the underlying significance and limitations of the protection granted to victims by the first Geneva Convention. One case of abuse of the Convention is cited by Dr. de Blonay. A certain Dr. D'Espine boasted, after the capture of a village by German troops, that he "had prevented them capturing French soldiers who were not entitled to Red Cross protection, since they were neither wounded nor sick". In fact, on that day, a German officer, with a drawn pistol, had come to the hospital and demanded its immediate evacuation on the grounds that it was hiding French officers. The person in charge of the hospital refused categorically, but could not prevent a search being made. In a short time the Prussians came out again empty-handed. D'Espine wrote, "Of course, we had hidden the officers!".

As Dr. de Blonay remarks, this kind of misbehaviour was later avoided by establishing severe penalties and better information. "National Societies for help to the wounded were set up rapidly all over western Europe. Their activities were co-ordinated by the International Committee, working in Geneva under the presidency of Gustave Moynier. Eager to serve, these National Societies in 1870 demonstrated the extent of their commitment with all the impulsiveness and shortcomings of youth. Yet the trial exercise was amazingly convincing in spite of a good many problems and reservations."

"But", the author continues, "it is impossible to study the historical climate in which surgery developed without glancing, if only briefly, at the range of surgical equipment then available. In fact, although so many civilian surgeons would not have been involved without the Red Cross, itself a direct consequence of political and social events, neither would they have been so numerous without the confidence and self-assurance they derived from the advances made in their art, which were equally engendered by the social and political climate."

The author's intention was not to draw up a complete surgical catalogue, but principally to give an idea of surgery before 1870 and what the war required it to become. From that time on, "the surgeon was no longer the last resort, but the healer". The subsequent chapters explain the character of the medical units, the help provided by civilians, the medical services, and the changes they underwent. After the war, the surgeons "were sure that science would continue to offer them new means of improving their results. This certainty was to produce a

generation of pioneers who, in the space of thirty years, would establish the bases of modern surgical techniques." It is with these words that Dr. Jean de Blonay ends his book, a work containing a wealth of references and illuminating a moment in medical history that was of great significance not only for the progress of science but for the advance of humanitarian ideas and their application to new spheres of activity.

J.-G. L.

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**Health in the village**, Anne-Marie Raimbault, *Assignment Children*, United Nations Children's Fund, Geneva December 1975.

The majority of the population in countries of the Third World live in rural areas, and yet health services and personnel are concentrated in the cities.

Lack of resources and personnel are among the factors which make it difficult to provide a suitable health service for every rural community. Health coverage is inadequate, nearly non-existent.

The most serious problem, however, perhaps lies in the fact that the services are ill-adapted to the needs of the rural population, as are the training programmes for medical and paramedical personnel.

In many areas, one child out of two dies before the age of five. An analysis of mortality and morbidity among children under five in developing countries reveals that the causes are everywhere the same: malnutrition, diarrhea, respiratory infections, and communicable diseases such as measles, malaria, and various parasitoses. The plight of these populations cannot be improved through a simple multiplication of health services as they are presently conceived, nor through an increase in curative efforts. For far too long health has been confused with equipment, and a population's health equated with the responsibilities of the Ministry of Health. Other aspects are just as essential: rural water supply (potable water), community hygiene, education for mothers, environmental sanitation. Today it seems evident that village health can best be improved through integrated development programmes aimed at improving living conditions.

In addition, every member of the population must become a "health agent" within his own sphere. It is indispensable for any programme undertaken to be preceded and complemented by health education related to its specific objectives.

If the rural population is to be aware of what it means to be healthy, they must themselves undertake an analysis of their situation. Each community must participate in the search for local solutions as well as in their implementation. Once they have assumed this responsibility, they need technical, moral and logistical support.

This new approach to health, based on local participation, requires modification of health centre activities such as they presently exist, and a different approach to the training of health personnel.

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**The role of the medical assistant**, by *E. J. Watson*, *WHO Chronicle*, 1976, 3.

... To improve community health we need staff who can:

- teach people about health, the prevention and treatment of the common diseases, and family planning
- provide the means for simple prevention of the common causes of sickness and death—for example, regular infant and antenatal clinics, immunization, malaria control, family planning services, water supplies close to people's homes, and adequate excreta disposal methods
- provide effective treatment for the common causes of sickness and death.

What kinds of staff are needed to provide these services?

In most developing countries with problems similar to those outlined above, special health workers (maternal and child health nurses, community health nurses, etc.) have been trained for work in both stationary and mobile clinics. Personnel have also been trained for malaria control.

Neither the special health workers nor the malaria workers are physicians. In fact, the major proposition of this paper is that *most* community health needs can be met by auxiliary health workers...

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EXTRACT FROM THE STATUTES OF  
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

ADOPTED 21 JUNE 1973

ART. 1. — *International Committee of the Red Cross*

1. The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

2. It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — *Legal Status*

As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — *Headquarters and Emblem*

The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be *Inter arma caritas*

ART. 4. — *Role*

1. The special role of the ICRC shall be :

- (a) to maintain the fundamental principles of the Red Cross as proclaimed by the XXth International Conference of the Red Cross ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;
- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;

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<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve in humanitarian matters, as an intermediary between the parties ;
- (e) to ensure the operation of the Central Information Agencies provided for in the Geneva Conventions ;
- (f) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (g) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (h) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

2. The ICRC may also take any humanitarian initiative which comes within its role as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

ART. 6 (first paragraph). — *Membership of the ICRC*

The ICRC shall co-opt its members from among Swiss citizens. It shall comprise fifteen to twenty-five members.

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- ALGERIA — Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, 1089 *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122 Flinders Street, *Melbourne 3000*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna 4*.
- BAHRAIN — Bahrain Red Crescent Society, P.O. Box 882, *Manama*.
- BANGLADESH — Bangladesh Red Cross Society, Amin Court Building, Motijheel Commercial Area, *Dacca 2*.
- PEOPLE'S REPUBLIC OF BENIN — Red Cross of Benin, B. P. 1, *Porto Novo*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, 1050 *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simón Bolívar, 1515, *La Paz*.
- BOTSWANA — Botswana Red Cross Society, Independence Avenue, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. Biruzov, *Sofia 27*.
- BURMA (Socialist Republic of the Union of) — Burma Red Cross, 42 Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMBODIA — The new address of the Red Cross Society is not yet known.
- CAMEROON — Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto, Ontario, M4Y 1H6*.
- CENTRAL AFRICAN REPUBLIC — Central African Red Cross, B.P. 1428, *Bangui*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E*.
- COSTA RICA — Costa Rican Red Cross, Calle 14, Avenida 8, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, 118 04 *Prague 1*.
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- DOMINICAN REPUBLIC — Dominican Red Cross, Apartado Postal 1293, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia, 118, *Quito*.
- EGYPT (Arab Republic of) — Egyptian Red Crescent Society, 34 rue Ramses, *Cairo*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente, *San Salvador, C.A.*
- ETHIOPIA — Ethiopian Red Cross, Ras Desta Damtew Avenue, *Addis Ababa*.
- FIJI — Fiji Red Cross Society, 193 Rodwell Road, P.O. Box 569, *Suva*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 168, 00141 *Helsinki 14/15*.
- FRANCE — French Red Cross, 17 rue Quentin Bauchart, F-75384 *Paris CEDEX 08*.
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- GERMAN DEMOCRATIC REPUBLIC — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, DDR 801 *Dresden 1*.
- GERMANY, FEDERAL REPUBLIC OF — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, National Headquarters, Ministries Annex A3, P.O. Box 835, *Accra*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3a Calle 8-40, Zona 1, *Ciudad de Guatemala*.
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, 1a Avenida entre 3a y 4a Calles, N° 313, *Comayagüela, D.C.*
- HUNGARY — Hungarian Red Cross, V. Arany János utca 31, *Budapest V*. Mail Add.: 1367 *Budapest 5*, Pf. 249.
- ICELAND — Icelandic Red Cross, Nótúni 21, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 110001*.
- INDONESIA — Indonesian Red Cross, Jalan Abdul Muis 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Av. Villa, Carrefour Takhté Djamchid, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merriion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
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- JAPAN — Japanese Red Cross, 29-12 Shiba 5-chome, Minato-Ku, *Tokyo 108*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St. John's Gate, P.O. Box 40712, *Nairobi*.
- KOREA, DEMOCRATIC PEOPLE'S REPUBLIC OF — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA, REPUBLIC OF — The Republic of Korea National Red Cross, 32-3Ka Nam San-Dong, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1350, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LESOTHO — Lesotho Red Cross Society, P.O. Box 366, *Maseru*.

- LIBERIA** — Liberian National Red Cross, National Headquarters, 107 Lynch Street, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC** — Libyan Arab Red Crescent, P.O. Box 541, *Benghazi*.
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- MALAWI** — Malawi Red Cross, Hall Road, *Blantyre* (P.O. Box 30080, Chichiri, *Blantyre* 3).
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- PAKISTAN** — Pakistan Red Crescent Society, National Headquarters, 169, Sarwar Road, *Rawalpindi*.
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- PARAGUAY** — Paraguayan Red Cross, Brasil 216, *Asunción*.
- PERU** — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES** — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila* D-408.
- POLAND** — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL** — Portuguese Red Cross, Jardim 9 Abril, 1 a 5, *Lisbon* 3.
- ROMANIA** — Red Cross of the Socialist Republic of Romania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO** — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA** — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL** — Senegalese Red Cross Society, Bd Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE** — Sierra Leone Red Cross Society, 6A Liverpool Street, P.O.B. 427, *Freetown*.
- SINGAPORE** — Singapore Red Cross Society, 15 Penang Lane, *Singapore* 9.
- SOMALI REPUBLIC** — Somali Red Crescent Society, P.O. Box 937, *Mogadishu*.
- SOUTH AFRICA** — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg* 2000.
- SPAIN** — Spanish Red Cross, Eduardo Dato 16, *Madrid* 10.
- SRI LANKA** — Sri Lanka Red Cross Society, 106 Dharmapala Mawatha, *Colombo* 7.
- SUDAN** — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN** — Swedish Red Cross, Fack, S-104 40 *Stockholm* 14.
- SWITZERLAND** — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, *3001 Berne*.
- SYRIAN ARAB REPUBLIC** — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA** — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND** — Thai Red Cross Society, Paribatra Building, Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO** — Togolese Red Cross Society, 51 rue Boko Soga, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO** — Trinidad and Tobago Red Cross Society, Wrightson Road West, P.O. Box 357, *Port of Spain*, Trinidad, West Indies.
- TUNISIA** — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY** — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA** — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED KINGDOM** — British Red Cross, 9 Grosvenor Crescent, *London, SW1X 7EJ*.
- UPPER VOLTA** — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY** — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A.** — American National Red Cross, 17th and D Streets, N.W., *Washington, D.C.* 20006.
- U.S.S.R.** — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, I. Tcheremushkinskii proezd 5, *Moscow* 117 036.
- VENEZUELA** — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM, DEMOCRATIC REPUBLIC OF** — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- SOUTH VIET NAM** — Red Cross of the Republic of South Viet Nam, Hồng-Thập-Tu street, 201, *Ho Chi Minh Ville*.
- YUGOSLAVIA** — Red Cross of Yugoslavia, Simina ulica broj 19, *Belgrade*.
- ZAIRE (Republic of)** — Red Cross of the Republic of Zaire, 41 av. de la Justice, B.P. 1712, *Kinshasa*.
- ZAMBIA** — Zambia Red Cross, P.O. Box R.W.1, 2837 Brentwood Drive, *Lusaka*.